

## CLAIMS ONLY

Application Number	10 786 800
Filing Date	
Applicant(s)	

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
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Total Claims						

51	Indep	Depend	Indep	Depend	Indep	Depend
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